



LOS ANGELES COUNTY YOUTH JOBS WORKSITE EXPECTATIONS REVIEW



Employer of Record (Agency) Name:							
Worksite Name:							
WORKSITE INFORMATION							
Worksite Address:		Worksite Supervisor:			Telephone Number:		
Start Date:		# of Authorized Work Hours/Week:			To report absence or tardiness call:		
End Date:							
Safety and Emergency Evacuation protocols discussed on:							
WORK EXPERIENCE INFORMATION							
Job Title:		Duties:					
Work Schedule	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Start Time – End Time							
Break Times:							
I have reviewed all the information within this Worksite Expectations Review Form and agree and adhere with the work schedule noted above. I also have received a copy of the Worksite Supervisors Manual including the ADA Checklist during the orientation.							
Worksite Supervisor Printed Name:							
Worksite Supervisor Signature:						Date:	
YOUTH INFORMATION							
Name:					Date of Birth:		
Age:	If youth is under the age of 18 a valid work permit must be on file.		Phone:		E-Mail:		
I have reviewed all the information within this Worksite Expectations Review form and understand the activities in which I will participate in as part of my involvement in the WIOA Work Experience Activities. I understand my work duties and the number of authorized work hours.							
Participant Signature:						Date:	
If under 18, Participant's Parent/Guardian Printed Name:							
Participant's Parent/Guardian Relationship:							
Participant's Parent/Guardian Signature:						Date:	
Agency Staff Printed Name:							
Agency Staff Signature:						Date:	

Note: A new form must be completed each time there is a change in the Worksite or Work Experience information

Revised 09/02/16